

THE YOUTH CONNECTION



A BI-MONTHLY ONLINE PUBLICATION OF THE INSTITUTE FOR YOUTH DEVELOPMENT

INSIDE THIS ISSUE

President's Page: The Harm in Harm Reduction.....	2
Youth Development: High Standards, Not Harm Reduction.....	3
What Science Says: Harm Reduction: Its Origins and Philosophy.....	5
Federal Grant Opportunities.....	7
Private Grant Opportunities.....	10
Resources for Youth-Serving Organizations.....	14
Upcoming Events.....	17
Publication Clearance Sale.....	18

ABOUT *THE YOUTH CONNECTION*

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PRESIDENT'S PAGE: *THE HARM IN HARM REDUCTION*

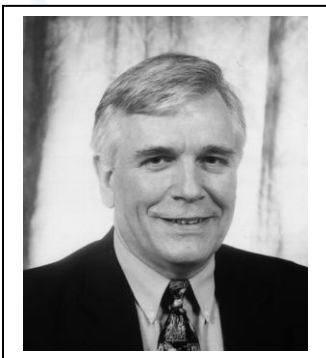
Harm reduction is a term which has come to the forefront over the last decade or so. It is a well-intentioned concept which unfortunately may create more harm for youth than it reduces. While harm reduction originally focused on adult injecting drug users, the concept quickly expanded to cover anyone participating in any behavior which might have harmful consequences. It is a difficult concept for many people to grasp since its main objectives differ so radically from traditional public health approaches of the past.

The primary objective of harm reduction is to reduce the negative consequences of a behavior and not necessarily reduce or eliminate the behavior itself. It is important in this approach that the behavior not be viewed negatively nor the individuals participating in the behavior be subject to judgment or be thought of negatively. In other words, if one sees someone injecting drugs that behavior is essentially condoned, and the drug user should be encouraged to use clean needles so that they might not acquire HIV, a consequence of sharing drug paraphernalia. This approach seems like madness to many.

When this concept is applied to youth it violates many basic principles of past public health approaches and messages. Concerning alcohol, drugs, tobacco, and violence (and formally sex as well) there has always been one standard applied to all these behaviors and that was to tell youth to either not do them or stop doing them. There was no middle ground. The behaviors were viewed as negative and harmful, and stigma was often purposely attached to the behavior and often the participant. The drunk driver was often vilified, the smoker mocked, the drug user scorned, and the bully ridiculed.

In fact, it is hard to talk about youth violence today, for example, without talking about the negative consequences of bullying and how bad some of these bullies have become at school. To logically follow the tenets of harm reduction we shouldn't pass judgment on the bully or his or her behavior, rather we must somehow make the consequences of their behavior less negative for the victims of their actions. And by the way, victims is not a politically correct term to use in harm reduction since it implies that the person involved in the harmful activity is doing something wrong. By this illustration of applying the harm reduction approach to youth violence we can see that this methodology is horribly flawed, especially as it applies to youth. Stigmatizing such negative actions is an important tool to use despite the objection of harm reduction proponents.

Because youth are in their formative years it is important to correct behaviors at the earliest stages before they become established practices. According to the literature, the longer we can keep youth from participating in harmful behaviors the greater is the likelihood that they will enjoy better lifetime health outcomes. To affirm people where they are, as espoused by proponents of harm reduction, will only compound negative health outcomes as these young people grow older. Risk avoidance must remain the message we give youth and not risk or harm reduction. ■



Sincerely,

Shepherd Smith

Shepherd Smith is the President of the Institute for Youth Development (IYD), a non-partisan, non-profit organization that promotes a consistent, comprehensive risk avoidance message to youth for five harmful risk-behaviors that are inextricably linked: alcohol, drugs, sex, tobacco, and violence. To learn more about IYD visit www.youthdevelopment.org

YOUTH DEVELOPMENT: *HIGH STANDARDS, NOT HARM REDUCTION*

The theory of harm reduction flies in the face of the principles in which I believe. I am a zero tolerance kind of gal. No tobacco. No drugs. No alcohol. No sex before marriage. I believe that high standards to abstain from these risky behaviors should be set for youth and it is the role of parents, teachers, youth development workers and others to help youth achieve this standard.

One hope that all parents have for their children is that they will be healthy mentally and physically. Why then wouldn't a parent set a high standard for their children's behavioral health as well? Parents usually set standards for achieving academic or sporting success, the same should hold true for their behavioral health. Unfortunately, many parents drop the ball in this area and often times take more of a harm reduction approach to risky behaviors such as tobacco, alcohol, drug use and sexual activity, not recognizing how it correlates to their physical and mental health.

What exactly is harm reduction you might ask? Harm reduction is a set of practical strategies that reduce negative consequences of risky behaviors such as drug, tobacco, and alcohol use, along with early sexual activity. It incorporates a spectrum of strategies from safer behavior, to managed behavior, to abstinence. Harm reduction strategies meet individuals practicing risky behaviors "where they're at," addressing conditions of risk along with the risk itself. Because harm reduction demands that interventions and policies designed to serve those who practice risky behaviors reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction according to the Harm Reduction Coalition.¹

The proponents of harm reduction will tell you that damage control is a sensible fallback strategy when a cause of harm cannot be eliminated. In order to make the theory of harm reduction for youth seem practical they offer this "comparison example".

As long as people drive cars there will be accidents. To reduce the number of accidents we have laws regulating driving, traffic signals, warning signs, and divided roads. Cars have been made safer by adding seat belts, air bags, crash bars, and padded steering wheels.²

This statement is in effect minimizing the very damaging life-long effects that risky behavior can have on a young person by suggesting that kids are going to do it anyway, so we might as well make them safer. As far as I know we practice a zero tolerance policy when it comes to allowing children to drive. Parents know it would be harmful to them therefore we don't let them do it! Why then do parents allow their teens to participate in other behaviors that are harmful and not see the same reason in encouraging them to abstain?

Adults start out parenting their children with high standards and great caution. As infants, parents want the highest standard for safety in cribs, car seats and pediatricians. As children, parents make sure the right amount of nutrition is being given through fruits, vegetables and vitamins in addition to making sure they get enough time to play and to sleep. Parents do these things because they want what is best for their children; they want them to be healthy and happy. So when it comes to setting



standards, parents who have a zero tolerance policy of risky behavior would be consistent with their previous behavior of high standards for safety and nutrition.

However, the flip side of the coin is often evident when their children become teens; many parents take the opposite approach. They believe that teenagers are going to “do it” anyway...the “do it” being drink alcohol, smoke, and have sex. With that thought in mind, parents who want to be a friend to their teen rather than acting in the parental role will take the approach of harm reduction rather than zero tolerance. These parents will allow their teens to drink alcohol as long as they don’t drive and to have sex as long as they use a condom or birth control; believing erroneously that reducing the risk of a drunk driving accident or a teenage pregnancy will somehow keep them safe from all risk. In so doing, they abdicate their parental authority and minimize their ability to provide direction, guidance, limits and structure.

“ . . . the flip side of the coin is evident when their children become teens; many parents take the opposite approach. They believe that teenagers are going to “do it” anyway . . . ”

Children in return actually look to parents for guidance and advice, especially when they become teens. The National Campaign to Prevent Teen and Unplanned Pregnancy stated:

Teens overall consistently report that when it comes to their decisions about sex and contraception, their parents are a very important influence. This is true of older teens as well—nearly one-third report that when it comes to their decisions about sex parents are most influential.³

Thus, parents who set a standard for abstinence from risky behavior rather than harm reduction will have teens who listen to their guidance, direction and influence.

Recent data from the Centers for Disease Control and Prevention (CDC) indicate that the U.S. teen birth rate fell 6 percent in 2009 according to preliminary data, the lowest level ever recorded in nearly seven decades of tracking teenage childbearing.⁴ This new information underscores the importance of developing practices and programs that encourage teens to delay the initiation of sex or other risky sexual behaviors until they are older, thereby helping to reduce the number of teenage pregnancies and sexually transmitted infections among teens. When parents raise the standard for their teens rather than practice an attitude of harm reduction, we should see more statistics like those released by the CDC in regard to all risky behavior.■

Eva McGann is the Vice President for Programs at the Institute for Youth Development

References

- ¹[Harmreduction.org](http://www.harmreduction.org/section.php?id=62). 2010. Principles of Harm Reduction. <http://www.harmreduction.org/section.php?id=62>.
- ²Skager, Rodney Ph.D. *A Public Health Perspective On High-Risk Youth Behavior: Harm Reduction in Prevention Policy*. The California Department of Alcohol and Drug Programs.
- ³The National Campaign to Prevent Teen Pregnancy. *The Odyssey Years: Teen Pregnancy Prevention Among 18 to 19 Year-olds*. 2010
- ⁴Hamilton, Brady E., Ph.D.; Martin, Joyce A., M.P.H.; and Ventura, Stephanie A., M.A.; Division of Vital Statistics, Centers for Disease Control and Prevention. *Births: Preliminary Data for 2009*. National Vital Statistics Report 59.3 (2010) 1-29.

WHAT SCIENCE SAYS: *HARM REDUCTION – ITS ORIGINS AND PHILOSOPHY*

Harm reduction has its foundation in the United Kingdom, the Netherlands, and North America. The concept involves setting up a hierarchy of goals, leading to a change in undesirable behaviors. There are several aspects to harm reduction; one of the most important being that individuals should not be subject to judgment. Another priority of harm reduction is to decrease of the negative consequences of health-risk behaviors. Harm reduction has an objective of identifying, measuring, and minimizing the negative consequences of health-risk behaviors on multiple levels –individually; community-wide; and societal.¹

There are three types of prevention strategies, including primary, secondary, and tertiary. Harm reduction is usually considered secondary prevention, and many professionals favor it as an approach because it can be cost-effective at preventing problems. The aim of this approach is to reduce the risk factors and emphasize the strengths of the young person; professionals using this method caution not to emphasize the faults of the young person and to identify the importance of the risk factors.² It is widely used to treat drug and alcohol-abusing young people, and is also implemented in programs that intend to reduce violent and sexual-risk taking behaviors.

Harm reduction can be effective for dealing with drug and alcohol use; violence; and sexual-risk taking behaviors in youth. The amount of the effectiveness is influenced by the risk factors present as well as the use of other interventions. Harm-reduction methods for preventing youth violence have focused on the type of offender as well as the risk and preventive factors which may be present. To prevent both types of youth offenders the intervention must occur early. For example, in adolescence-limited offenders, one of the greatest predictors of violence is poor parent/child relations. By identifying the risk factors which may lead to violence, the probability of occurrence is decreased.³

“ . . . Harm reduction can be effective for dealing with drug and alcohol use; violence; and sexual risk-taking behaviors in youth. The amount of the effectiveness is influenced by the risk factors present as well as the use of other interventions . . . ”

The reduction of youth tobacco use commonly uses a method that makes them doubt the trustworthiness of the tobacco companies. For example, mass media campaigns have been created to reduce the use of tobacco among youth by focusing on the deceitful practices which tobacco companies use to target young smokers. This method does help reduce risk because it forces some responsibility on the tobacco companies. Campaigns which display the truth about tobacco use have been successful at reducing the use of tobacco. For example, one study found that an anti-tobacco mass media campaign in Florida decreased smoking by 8 percent.⁴

Interventions that seek to reduce sexual risk-taking behaviors have also been shown to be effective in reducing the risk of unwanted pregnancies; decreasing sexual partners; and increasing condom use among sexually-active youth. One such review identified thirty programs that have shown a significant reduction in at least one of the sexual risk behaviors previously listed; most of these programs adhere to a harm-reduction approach to teen pregnancy. However, the authors are careful to note: “teen pregnancy has many causes, and it is unreasonable to expect any single curriculum or community program to make a serious dent in the problem on its own. Making true and lasting progress in preventing teen pregnancy requires a combination of community programs *and* broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more.”⁵

An important principle the authors note is that one single approach for prevention is never enough. Indeed, professionals must use care when introducing harm-reduction interventions to youth, as there are some complications which may exist. For example, harm reduction strategies may focus on only one problem behavior when other issues may persist in the youth’s life. Thus, the treatment needs to be tailored to all the issues that the youth may be dealing with at home and in school.⁶ Also, treatment professionals must be careful not to allow their own self-interest to

influence what models are used to treat the youth in their programs.² For example, harm-reduction may not be suitable for younger adolescents, those that have not initiated a health-risk behavior, or those who are committed to abstaining from a health-risk behavior. Unfortunately, harm-reduction strategies often assume that young people will naturally take part in these health-risk behaviors, and so educators may ignore primary prevention strategies of risk-avoidance.

Effective risk-avoidance strategies have not all been well-researched and implemented with sustained public funding. For example, the Community-Based Abstinence Education grant was funded from 2001-2009, but research standards didn't require grantees to implement strong evaluations until 5 years after the funding began. By this time, outcomes of these programs were mediocre at best, and the grant program was subsequently cut in favor of a new Teen Pregnancy Prevention Initiative, which is using existing programs that have shown effectiveness through rigorous evaluation (although research reviews have shown that some abstinence education programs have achieved a moderate-high level of effectiveness).⁷ Unfortunately only a small amount of primary prevention strategies were funded under this new government initiative, making it difficult for risk-avoidance programs to prove their worth.

In conclusion, as with any prevention strategy, the intervention is only as good as the educator who delivers it and the young person who listens and learns. Thus, no matter how good or bad a program is, it is subject to human behavior and a variety of environmental factors. While risk-reduction programs have been shown to be effective in some settings and populations of young people, they are a secondary prevention strategy. While the Institute for Youth Development (IYD) acknowledges the scientific literature on this subject, it maintains and advocates a primary risk-avoidance strategy from drugs, alcohol, sex, tobacco, and violence. IYD believes that when youth are empowered by strong family connections and guidance, they are capable of making healthy decisions to avoid these risk-behaviors. However, it must begin at home in the family; and if the family is exercising its proper role, primary prevention will prevail. While programs using primary prevention strategy have not been as well-documented in the literature as harm-reduction, the more public funding and sound evaluation that occurs, the more they will achieve this level of effectiveness. ■

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References

¹ Inciardi, J.A. & Harrison, L.D. (2000). *Harm reduction: National and international perspectives* [Google books version]. Retrieved from <http://books.google.com/books>

² Small, S. & Memmo, M. (2004). Contemporary models of youth development and problem prevention: Toward an integration of terms, concepts, and models. *Family Relations*, 53(1), 3-11.

³ Howell, J.C. & Hawkins, J.D. (1998). Prevention of youth violence. *Crime and Justice*, 24, 263-315.

⁴ Thrasher, J.F. & Jackson, C. (2006). Mistrusting companies, mistrusting the tobacco industry: Clarifying the context of tobacco prevention efforts that focus on the tobacco industry. *Journal of Health and Social Behavior*, 47(4), 406-422. Retrieved from <http://aumnicaat.aum.edu:2068>

⁵ Suellentrop, K (2010). *What Works 2010: Curriculum-Based Programs That Help Prevent Teen Pregnancy*. The National Campaign to Prevent Teen and Unplanned Pregnancy: Washington, DC.

⁶ Catalano, R.F., Berglund, M.L., Ryan, J.A.M, Lonczak, H.S., & Hawkins, J.D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth programs. *Annals of the American Academy of Political and Social Science*, 591, 98-124.

⁷ National Abstinence Education Associations. (2010). Abstinence Works 2010 – Abstinence-Centered Programs that Reduce Teen Sex. Retrieved 12/28/10 from:

http://www.abstinenceassociation.org/docs/naea_abstinence_works_2010_preview.pdf

FEDERAL GRANT OPPORTUNITIES

January 4, 2011 Due Date

[Reinvigorating HIV Prevention for Men who have Sex with Men \(R01\)](#)

January 4, 2011 Due

[Reinvigorating HIV Prevention for Men who have Sex with Men \(R21\) Grant](#)

January 4, 2010 Due Date

[Reinvigorating HIV Prevention for Men who have Sex with Men \(R34\) Grant](#)

January 4, 2011 Due Date

[Behavioral Mechanisms in Biomedical Strategies to Prevent HIV Infections \(R34\) Grant](#)

January 4, 2011 Due Date

[Behavioral Mechanisms in Biomedical Strategies to Prevent HIV Infections \(R21\) Grant](#)

January 6, 2011 Due Date

[NEW NIH Basic Behavioral and Social Science Opportunity Network \(OppNet\) Short-term Interdisciplinary Training Program for New and Early-Stage Investigators \(R25\) Grant](#)

January 11, 2011 Due Date

[Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research \(Parent F31 - Diversity\) Modification 1](#)

January 11, 2011 Due Date

[NIAAA Collaborative Centers for HIV/AIDS and Alcohol Outcomes Research \(U01, U24\) Grant](#)

January 18, 2011 Due Date

[NEW Centers for Disease Control and Prevention Centers for Disease Control and Prevention Minority HIV/AIDS Research Initiative \(MARI\) to Build Capacity in Black and Hispanic Communities and Among Black and Hispanic Researchers to Conduct HIV/AIDS Epidemiologic and Prevention Research Grant](#)

January 18, 2011 Due Date

[NEW Department of Health and Human Services Administration for Children and Families Rescue & Restore Victims of Human Trafficking Regional Program Grant](#)

January 19, 2011 Due Date

[NEW Office of Elementary and Secondary Education Overview Information: High School Equivalency Program](#)

January 20, 2011 Due Date

[NEW Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

January 24, 2011 Due Date

[NEW NIH Basic Behavioral and Social Science Opportunity Network Short-term Mentored Career Development Awards in the Basic Behavioral and Social Sciences for Mid-career and Senior Investigators Grant](#)

January 25, 2011 Due Date

[NEW Centers for Disease Control and Prevention Surveillance Program Announcement: Behavioral Risk Factor Surveillance System](#)

January 25, 2011 Due Date

[NEW Centers for Disease Control and Prevention Surveillance Program Announcement: Behavioral Risk Factor Surveillance System \(Pacific Jurisdictions\)](#)

January 31, 2011 Due Date

[Jacob K. Javits Fellowship Program CFDA Number 84.170A Grant](#)

February 2, 2011 Due Date

[NEW National Institutes of Health Support Opportunity for Addiction Research \(SOAR\) for New Investigators \(R03\) Grant](#)

February 8, 2011 Due Date

[NEW Centers for Disease Control and Prevention Core Violence and Injury Prevention Program \(Core VIPP\) Grant](#)

February 11, 2011 Due Date

[Pre-Application for the 2011 NIDA Avant-Garde Award Program for HIV/AIDS Research \(X02\) Grant](#)

February 17, 2011 Due Date

[National Mentoring Networks to Enhance the Clinician-Investigator Workforce in Deafness and Other Communication Disorders \(U24\) Grant](#)

February 24, 2011 Due Date

[National Cooperative Drug Discovery and Development Groups \(NCDDDG\) for the Treatment of Mental Disorders, Drug or Alcohol Addiction \(U01/U19\)](#) [HIV/AIDS, Drug Use, and Vulnerable Populations in the US \(R21\) Grant](#)
February 28, 2011 Due Date
[NEW National Institutes of Health Research Infrastructure for Demographic and Behavioral Population Science Grant](#) [September 21, 2012 Due Date](#)
[NEW National Institutes of Health Planning Grant for Global Infectious Disease Research Training Program \(D71\) Grant](#)

March 29, 2011 Due Date
[FY11 Announcement of Anticipated Availability of Funds for Family Planning Services Grants \(Alabama, North Carolina areas\)](#) [September 21, 2012 Due Date](#)
[NEW Global Infectious Disease Research Training Program \(D43\) Grant](#)

March 29, 2011 Due Date
[FY11 Announcement of Anticipated Availability of Funds for Family Planning Services Grants \(Carson City, Nevada area\)](#) [September 25, 2012 Due Date](#)
[NIMH Research Education Grants \(R25\) Grant](#)

June 29, 2011 Due Date
[FY11 Announcement of Anticipated Availability of Funds for Family Planning Services Grants \(Florida, Greater Miami area\)](#) [September 7, 2013 Due Date](#)
[NEW National Institutes of Health Centers Program for Research on HIV/AIDS and Mental Health \(P30\) Grant](#)

January 7, 2012 Due Date
[NEW National Institutes of Health Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award](#) [January 7, 2013 Due Date](#)
[NEW National Institutes of Health Behavioral and Integrative Treatment Development Program](#)

May 11, 2012 Due Date
[Social Network Analysis and Health \(R21\) Grant](#) [January 7, 2013 Due Date](#)
[Research on Alcohol and HIV/AIDS \(R01\)](#)

May 25, 2012 Due Date
[MARC Undergraduate Student Training in Academic Research \(U-STAR\) National Research Service Award \(NRSA\) Institutional Research Training Grant \(T34\)](#) [January 7, 2013 Due Date](#)
[NEW NIMH Research Education Programs for HIV/AIDS Research \(R25\) Grant](#)

July 16, 2010 Due Date
[National Institutes of Health Improving Diet and Physical Activity Assessment \(R21\)](#) [May 7, 2013 Due Date](#)
[Structural Interventions, Alcohol Use, and Risk of HIV/AIDS \(R21\) Grant](#)

January 7, 2013 Due Date
[Drug Abuse Aspects of HIV/AIDS \(R03\) Grant](#) [May 7, 2013 Due Date](#)
[Structural Interventions, Alcohol Use, and Risk of HIV/AIDS \(R01\) Grant](#)

September 7, 2012 Due Date
[Research on Teen Dating Violence \(R01\) Grant](#) [May 11, 2013 Due Date](#)
[Behavioral and Social Science Research on Understanding and Reducing Health Disparities \(R01\) Grant](#)

September 7, 2012 Due Date
[HIV/AIDS, Drug Use, and Vulnerable Populations in the US \(R01\) Grant](#) [May 25, 2013 Due Date](#)
[Science Education Drug Abuse Partnership Award \(R25\) Grant](#)

September 7, 2012 Due Date [September 7, 2013 Due Date](#)

[Research on Malignancies in the Context of HIV/AIDS \(R01\) Grant](#)

September 7, 2013 Due Date

[Behavioral Regulation Mechanisms of Alcohol Dependence and Related Phenotypes \(R01\) Grant](#)

September 7, 2013 Due Date

[National Institutes of Health Strategies for Treatment of Young Adults with Alcohol Use Disorders \(R03\) Grant](#)

September 7, 2013 Due Date

[Strategies for Treatment of Young Adults with Alcohol Use Disorders \(R01\) Grant](#)

September 9, 2013 Due Date

[NEW Department of Health and Human Services Health Resources & Services Administration Nursing Workforce Diversity](#)

September 17, 2013 Due Date

[Treatment of Co-Occurring Alcohol Use Disorders and Depression/Anxiety Disorders \(R21\)](#)

January 7, 2014 Due Date

[NEW National Institutes of Health Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence](#)

January 7, 2014 Due Date

[NEW National Institutes of Health Understanding and Treating Co-Morbid Conditions in Adolescents with Intellectual and Developmental Disabilities \(R03\) Grant](#)

January 7, 2014 Due Date

[NEW National Institutes of Health](#)

[Research Into The Impact Of Economic Fluctuations On Alcohol Consumption, Drinking Patterns, And Prevention And Treatment Of Problem Drinking And Related Problems \(R21\) Grant](#)

January 7, 2014 Due Date

[NEW National Institutes of Health Research Into The Impact Of Economic Fluctuations On Alcohol Consumption, Drinking Patterns, And Prevention And Treatment Of Problem Drinking And Related Problems Grant](#)

January 7, 2014 Due Date

[NEW National Institutes of Health Understanding and Treating Co-Morbid Conditions in Adolescents with Intellectual and Developmental Disabilities \(R01\) Grant](#)

January 7, 2014 Due Date

[HIV Infection of the Central Nervous System \(R01\) Grant](#)

January 7, 2014 Due Date

[Substance Use and Abuse, Risky Decision Making and HIV/AIDS \(R03\) Grant](#)

January 7, 2014 Due Date

[NEW National Institutes of Health The Development Of Frontal Cortex And Limbic System And Their Roles In Drug Abuse \(R01\) Grant](#)

August 27, 2014 Due Date

[Centers for Disease Control and Prevention Centers for Disease Control and Prevention Occupational Safety and Health Training Project Grants \(T03\)](#)

PRIVATE GRANT OPPORTUNITIES

[Blue Apple Awards](#)

[Innovative approaches to promoting community health and development](#)

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[Game On! The Ultimate Wellness Challenge](#)

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[Cartridges 4 Kids](#)

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[Sara Lee Foundation](#)

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[National Association of School Nurses - Directed Research Grant](#)

[The Starbucks Foundation - Starbucks Shared Planet Youth Action Grants](#)

[RGK Foundation – Education, Community and Medicine/Health Grants](#)

[Get Ur Good On Grants](#)

[NCAA CHOICES Alcohol Education Program](#)

[We the People Bookshelf](#)
[Toyota TAPESTRY Grants](#)

[Assets for Independence \(AFI\) Projects](#)

[U.S. Cellular](#)

[Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need - Local Recovery Oriented Systems of Care \(Local ROSC\)](#)

[Samuel Harris Fund For Children's Dental Health Grants Program](#)

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[EPA Environmental Education Grant](#)

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[2010 Girls 4 HOPE Capacity-Building Assistance Program](#)

[Kinder Morgan Foundation – Youth Program Grants Do Something: Fighting Teen Dating Abuse Grants](#)

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[The CIGNA Foundation - CIGNA Community Grants](#)

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[Meyer Memorial Trust: Responsive Grant Program](#)

[Amelia Peabody Foundation](#)

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[Walter and Duncan Gordon Foundation](#)

[The Michael and Susan Dell Foundation Open Society Institute: Documentary Photography Project](#)

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[NEA Challenge America: Reaching Every Community Fast-Track Review Grants](#)

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[Sprint Supports Character Education](#)

[M·A·C AIDS Fund: U.S. Community Grants Program](#)

[Gang Prevention Coordination Assistance Program](#)

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[Resource for Youth-Serving Professionals at FindYouthInfo.gov](#)

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[Alcoa Foundation](#)

[Annie E. Casey Foundation](#)

[Allstate Foundation](#)

[A. O. Smith Foundation](#)

[BJ's Charitable Foundation](#)

[Carls Foundation](#)

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[Child Welfare Foundation](#)

[Christopher Reeve Foundation to Accept](#)

[Coca-Cola Foundation](#)

[Colgate Youth For America](#)

[Comcast Foundation](#)

[Computers For Learning](#)

[Good Grades, Free Video Rentals](#)

[Hasbro Children's Foundation](#)

[Healthy Sprouts Awards](#)

[Kresge Foundation](#)

[Lego Children's Fund](#)

[Lowe's Charitable and Educational Foundation](#)

[MAC AIDS Fund](#)

[McKenzie Foundation](#)

[Mix It Up Grants](#)

[Mr. Holland's Opus Foundation](#)

[NEC Foundation](#)

[National Youth Development Information Center](#)

[The NEA Student Achievement Grants](#)

[New York Life Foundation – Nurturing the Children Initiative](#)

[Pay It Forward Mini-Grants](#)

[Plum Youth Grant](#)

[Ronald McDonald House Charities](#)

[Service Clubs’ Partnership with Big Brothers Big Sisters of America](#)

[Staples Foundation for Learning](#)

[Tiger Woods Foundation](#)

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RESOURCES FOR YOUTH-SERVING ORGANIZATIONS

[NEW Should you talk to someone about a drug, alcohol, or mental problem?](#)

[NEW The Demographics of Spirituality and Religiosity Among Youth: International and U.S. Patterns](#)

[NEW Adolescent Ethnic and Racial Identity Development](#)

[NEW Youth Substance Use Interventions: Where Do they Fit into a School's Mission?](#)

[NEW Vital Signs: Binge Drinking Among High School Students and Adults --- United States, 2009](#)

[NEW Tobacco Use Among Middle and High School Students --- United States, 2000--2009](#)

[NEW Efficacy of School wide Programs to Promote Social and Character Development and Reduce Problem Behavior in Elementary School Children, 2010](#)

[NEW Positive Youth Development, 2009](#)

[NEW Promoting Parent Engagement, October 2010](#)

[NEW Injury Center Connection Newsletter, Fall 2010](#)

[Vital Signs Website](#)

[Responding to Child Traumatic Grief](#)

[SAMHSA Suicide Prevention Center](#)

[The Foundations of Lifelong Health Are Built in Early Childhood](#)

[National Survey on Drug Use and Health \(NSDUH\)](#)

[To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults](#)

[Cigarette Use Among High School Students — United States, 1991–2009](#)

[A Day in the Life of American Adolescents: Substance Use Facts Update](#)

[PACT360 - Police And Communities Together](#)

[Lessons Learned for Cyberspace](#)

[MMWR: Drivers aged 16 or 17 years involved in fatal crashes United States, 2004–2008](#)

[Student Victimization in U.S. Schools](#)

[Resources for High School Sports](#)

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[The Status and Trends in the Education of Racial and Ethnic Group](#)

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[2009 Youth Risk Behavior Surveillance](#)

[Department of Education Launches New Bullying Website](#)

[Progress in Community Health Partnerships: Research, Education, and Action](#)

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[Helping Child Welfare Workers Support Families With Substance Use, Mental, and Co-Occurring Disorders](#)

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[The Condition of Education, 2010](#)

[Teen Suicide: Helping Teens Through Tough Times](#)

[Teachers Use of Educational Technology in U.S. Public Schools 2009](#)

[Issue Brief – Unintentional Drug Poisoning in the United States](#)

[Injury Center Connection, Spring Issue, 2010](#)

[Underage drinking prevention public service announcements \(PSAs\) for print, television, and radio](#)

[More than a quarter of youth aged 12 to 20 \(27.6 percent\) drank alcohol in the past month](#)

[SAMSHA: Inhalants are drug of choice among early adolescents](#)

[Teen Suicide Prevention national public service campaign](#)

[Learn more about older drivers' risks on the road and steps you can take to protect yourself or someone you care about](#)

[Replicating Effective Programs \(webinar archive\)](#)

[Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis](#)

[Logic Model Magic: Using Logic Models for DASH Program Planning & Evaluation! The Evidence-Based Practice Knowledge Informing Transformation](#)

[Dating Matters: Understanding Teen Dating Violence Prevention Online Course](#)

[Take Concussions Out of Play: Learn to Prevent, Recognize, and Respond to Concussions](#)

[IYD Online Training: Benefits of Delaying Sexual Debut](#)

[CDC Online Training: Dating Matters: Understanding Teen Dating Violence Prevention](#)

[Teenage Alcohol Drinking May Cause Nerve Damage to Brain](#)

[2008 National Survey on Drug Use and Health](#)

[Injury Center Connection, Winter Issue 2010 Ways parents can help their children and teens use the Internet safely](#)

[That's Not Cool" – Teen Dating Violence](#)

[National Survey Indicates One in Four Girls Age 12–17 Were Involved in Serious Fights or Attacks in the Past Year \(1/13\)](#)

[Guide for Preventing and Responding to School Violence](#)

[Heads Up: Concussion in Youth Sports](#)

[2007 and 2008 National Survey on Drug Use and Health \(NSDUH\)](#)

[Indicators of School Crime and Safety, 2009](#)

[Adolescents Perceive Greater Risk to Using Tobacco Products Than Illicit Drugs or Binge Drinking \(12/17\)](#)

[SAMHSA's National Registry of Evidence-Based Programs and Practices \(NREPP\) Highlights Comparative Effectiveness Research \(12/17\)](#)

[National Consensus Statement on Mental Health Recovery](#)

[Working together for the best outcomes for youth with serious emotional disorders](#)

[Social and Emotional Bullying Prevention](#)

[Smokers Who Started Recently More Likely Than Longer-Term Smokers To Use Menthol Cigarettes, New National Study Finds \(12/3\)](#)

UPCOMING EVENTS

Save the Date: SAMHSA's Community Prevention Day (February 7-10, 2011 - National Harbor, MD)

SAMHSA will convene its 7th Annual Community Prevention Day on February 7, 2011, in conjunction with the Community Anti-Drug Coalitions of America's (CADCA's) 21st Annual National Leadership Forum, the Nation's largest meeting for community prevention leaders, treatment professionals, and researchers. This year's National Leadership Forum theme, Coalitions Moving Forward: Mapping the Future, is focused on the future of alcohol, tobacco, and other drug prevention, treatment, and research. SAMHSA will offer a variety of workshops, including science-based communication and marketing approaches and strategies for working with state health departments. Other presenters will include the [Ad Council](#), [National Association of State Alcohol and Drug Abuse Directors \(NASADAD\)](#), and [Grantmakers in Health \(GIH\)](#).

Childhood Obesity Conference (June 28 – July 1, 2011 - San Diego, CA)

The California Department of Public Health, California Department of Education, the University of California, Berkeley, Dr. Robert C. and Veronica Atkins Center for Weight and Health, The California Endowment, and Kaiser Permanente are pleased to announce the 2011 Childhood Obesity Conference scheduled for June 28–July 1, at the Manchester Grand Hyatt in San Diego, California. The 6th Biennial Childhood Obesity Conference is the nation's largest, most influential collaboration of professionals dedicated to combating pediatric obesity. Nearly 2,000 attendees from across the country are expected to attend in 2011. The Conference will showcase the latest research, evidence-based best practices, and policy/environmental change strategies. Topics will incorporate Health in All Policies through the built environment, transportation, and agriculture. To register, visit: <http://www.childhood-obesity.net>



the Institute for Youth Development

Publications List

Periodicals

Youth Facts

The Role of Marriage in Youth Development

The recent attention to marriage by policymakers, media, and the public flows out of a significant body of research evidence regarding marriage's impact on young people. (12/2003)

Youth Substance Abuse & Violence – Interconnections – Protective Factors – Prevention

While more teens are making smart decisions concerning their lives, too many still do not. (5/2003)



Single copy = \$4.00

Clearance Price = \$2.00



100 copies or more = \$1.00

America's Youth: Measuring the Risk, 4th Edition

More than 160 pages highlight key data on youth, from characteristics, attitudes, beliefs and perceptions, to participation in risk-taking behaviors of alcohol, drugs, sex, tobacco and violence. It includes sections with information and data about the interconnections between youth risk behaviors and factors that can help reduce the risk for youth. (6/2002)



Single copy = \$20.00

Clearance Price = \$10.00

Adolescent & Family Health, a Journal of the Institute for Youth Development

A&FH is a peer-reviewed publication for objective, scientific research and review pieces that focus on the common factors influencing youth behavior and risk avoidance. (Spring & Summer 2001; Volume 3, Issues 1-4). Visit www.afhjournal.org to view new editions for sale online!



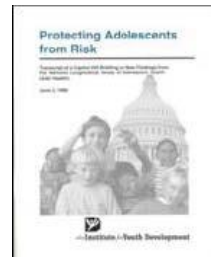
1 Volume = \$55.00

Clearance Price = \$27.50 (6 Issues for one low price!!!)

Research, Reference, Resources, & Pamphlets

Protecting Adolescents from Risk

A transcription and graphs from a Capitol Hill briefing on new findings from the National Longitudinal Study of Adolescent Health (Add Health) that includes findings on youth violence, adolescent sexuality, and family structure's impact on youth risk behavior. (6/2000)

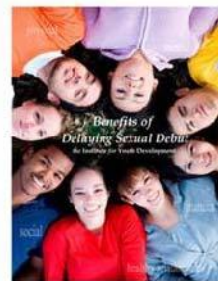


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Benefits of Delaying Sexual Debut

A research publication that uses scientific and medical data to explain why adolescents should abstain from sexual activity. A great resource for educators, policy makers, parents, and concerned citizens! Now available at: http://afhjournal.org/store/product.asp?s=jr14581067&P_ID=404 (5/2008)



Electronic copy = \$9.00

The Federal Grants Manual for Youth Programs: A Guide to Youth Risk Behavior Prevention Funding, Volume I, Second Edition

A comprehensive listing of 61 U.S. Department of Health and Human Services grants available to organizations that help youth avoid unhealthy risk behaviors. Contains information about grant requirements, critical contacts, regulatory information, congressional intent, grant recipient history, and much more. (4/2005)



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Ten Tips for Parents

Ten successful tips for parents on helping your child make safe, healthy decisions.

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Advice on how to help children avoid risky behaviors.



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The Institute for Youth Development (IYD) is a non-profit, non-partisan organization that promotes a consistent, comprehensive risk avoidance message to youth for five major risk behaviors: alcohol, drugs, sex, tobacco and violence. IYD believes that young people are capable of making healthy decisions to avoid risk behaviors, especially if they are empowered by positive relationships with their parents and family.

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